

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020879

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 36

FILED MAY 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Benton</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Stella Mo</u>		c. CITY OR TOWN <u>Sulphur Spgs</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardwell Mem.</u>		d. STREET ADDRESS (If outside, give location) <u>Gen. Del</u>	
3. NAME OF DECEASED (Type or print) First <u>Anette</u> Middle <u>Pearl</u> Last <u>Crist</u>		4. DATE OF DEATH Month <u>4</u> Day <u>4</u> Year <u>63</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-8-93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
13a. FATHER'S NAME <u>Sam Wood</u>		13b. MOTHER'S MAIDEN NAME <u>HANSAID</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Mrs. K. E. Fred Sulphur Springs Ark</u>		14. NAME OF HUSBAND OR WIFE <u>Dee</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronal Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>-</u> COUNTY <u>-</u> STATE <u>-</u>	
21. I attended the deceased from <u>1955</u> to <u>4-4-63</u> and last saw her alive on <u>4-4-63</u> Death occurred at <u>3:05 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>D. D. Mountain DO.</u>	
22b. ADDRESS <u>-</u>		22c. DATE SIGNED <u>4-12-63</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-5-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Pleasant</u>	23d. LOCATION (City, town, or county) (State) <u>E. of Gravette Ark</u>
24. FUNERAL DIRECTOR <u>Callison McIlwainy Gravette</u>		25. DATE RECD. BY LOCAL REG. <u>5-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Moberly</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lewis D. Day

Licensed Embalmer No.

912 Ark.

P. O. Address

Gravette Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.